

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-032153

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

310

Primary Registration District No.

6051

Registrar's No.

228

STATE FILE NUMBER

FILED SEP 12 1962

1. PLACE OF DEATH

a. COUNTY

St. Charles

b. CITY (If outside corporate limits, give TOWNSHIP only)

West Alton

Length of stay in 1b

5 Years

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION

21 Lake Shore

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY St. Charles

c. CITY

West Alton

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

21 Lake Shore

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

George

Middle

Edward

Last

Opel

4. DATE
OF
DEATH

Month

Day

Year

August 29, 1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐Widowed ☐ Divorced ☒

8. DATE OF BIRTH

2-15-24

9. AGE (last birthday)

38

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)

Bartender

10b. KIND OF BUSINESS OR INDUSTRY

Angeesita Club

11. BIRTHPLACE (City and state or country)

Worden, Illinois

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Louis Opel

13b. MOTHER'S MAIDEN NAME

Emma Ackerman

14. NAME OF HUSBAND OR WIFE

None

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Alton,
Illinois18. CAUSE OF DEATH (Enter only one cause per line
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

EVIDENT NATURAL CAUSES

INTERVAL BETWEEN
ONSET AND DEATH

SUDDEN

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

INVESTIGATED BY REPORT OF
1. BLACKMEYER-SHERIFF ACTING
CORONER-8-29-62. NO INFO

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes☐ No☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURYHour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

FOUND
Death occurred at

8:20 P.

to

and last saw her
him alive on

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Marcella Wilson R. Esq

22b. ADDRESS

902 Holly St Charles

22c. DATE SIGNED

8-30-62

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Burial

23b. DATE

9-1-1962

23c. NAME OF CEMETERY OR CREMATORY

Alton Cemetery

23d. LOCATION (City, town, or county)

Alton, Illinois

(State)

24. FUNERAL DIRECTOR

ADDRESS

Alton,
Illinois

25. DATE RECD. BY LOCAL REG.

8-30-62

26. REGISTRAR'S SIGNATURE

Marcella Wilson

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

SEP 12 1962

SEP 17 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Thomas J. Burke, Jr.

Licensed Embalmer No. 4968
727 Langdon Street
P. O. Address Alton, Illinois

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.